

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR INNA FIRST MI	OFFICE USE ONLY Date Received RECEIVED APR - 4 2019 OFFICE OF CITY SECRETARY	
	NICKNAME LAST SUFFIX DIETRICH		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 601 Vicksburg Ct Southlake TX 76092		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (630) 267-0562	Date Hand-delivered or Date Postmarked AK @ 1:51pm	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR CINDY FIRST MI	Receipt #	Amount \$
	NICKNAME LAST SUFFIX WHITTON	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 603 Northwood Ct. Southlake TX 76092		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (913) 484-5142		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 28 / 19 THROUGH 03 / 25 / 19		
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council, Place 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

INNA DIETRICH

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 2,162.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,179.24

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 8,397.18

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

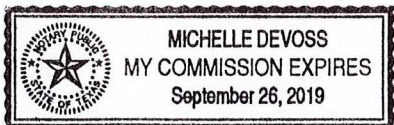
\$ 4,769.88

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 2,800.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Inna Dietrich

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Inna Dietrich, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.

Michelle DeVoss

Signature of officer administering oath

Michelle DeVoss

Printed name of officer administering oath

Records Manager

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

INNA DIETRICH

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,039.23
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,978.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 2,800.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,231.36
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,165.82
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages-Schedule A1:

9 (1 of 9)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Loka Mistretta & Cassandra Mistretta

6 Contributor address;

City; State; Zip Code

2701 Montfort Ct Southlake TX 76092

7 Amount of contribution (\$)

\$750

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/8/19

Full name of contributor

☐ out-of-state PAC (ID#:

Katherine Egan Bennett & Bjorn A. Bennett

Contributor address;

City; State; Zip Code

724 Longford Dr. Southlake TX 76092

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/11/19

Full name of contributor

☐ out-of-state PAC (ID#:

Jacob Rivera

Contributor address;

City; State; Zip Code

30306 Saint Andrews Dr. Georgetown TX 78628

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/11/19

Full name of contributor

☐ out-of-state PAC (ID#:

Ambreen Butt

Contributor address;

City; State; Zip Code

1002 Dominion Dr. Southlake TX 76092

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

(2 of 9)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 Date

2/11/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paula Ainsworth Edens

7 Amount of contribution (\$)

\$500

6 Contributor address;

City; State; Zip Code

913 Summertree Lane Southlake TX
76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bridget Sweeney

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

706 Brookdale Ct. Southlake TX
76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stephen "Buddy" Luce

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

1256 Main St., Ste. 244 Southlake TX
76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lori Powell

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

205 White Chapel Court Southlake TX
76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

(3 of 9)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/19

5 Full name of contributor

Molly Augustine

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 200

6 Contributor address;

City; State; Zip Code

504 Potomac Place Southlake TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/25/19

Full name of contributor

Beatriz Terrazas

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

4322 Homestead Dr. Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/19

Full name of contributor

Talaja Hemanth

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250

Contributor address;

City; State; Zip Code

401 Indian Paintbrush Way Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/19

Full name of contributor

Ron Teer

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address;

City; State; Zip Code

1329 Village Green Dr. Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

(4 of 9)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/19

5 Full name of contributor

Ray Watson

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 62.23

6 Contributor address;

City; State; Zip Code

1325 Village Green Dr. Southlake TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/25/19

Full name of contributor

Ann Christopher

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200

Contributor address;

City; State; Zip Code

1907 Cresson Dr. Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

Paula Answorth Edens

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

913 Summertree Lane Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Margaret A. Collins

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250

Contributor address;

City; State; Zip Code

525 Stratton Dr. Keller TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

(5 of 9)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

5 Full name of contributor

Ann Luce

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$70

6 Contributor address;

City; State; Zip Code

1850 Numbers Circle, Southlake TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/19

Full name of contributor

Angie Schilling

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

P.O. Box 906 Euless TX 76039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Ron Teer

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

City; State; Zip Code

1329 Village Green Dr. Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Bridget Sweeney

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$7

Contributor address;

City; State; Zip Code

706 Brookdale Ct. Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

(6 of 9)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

5 Full name of contributor

Ann Christopher

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$20

6 Contributor address;

City;

State;

Zip Code

1907 Gresson Dr. Southlake TX
76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/19

Full name of contributor

Randy King

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

908 Hillcrest Trail Southlake TX
76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Nancy Walker

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

410 Thistle Court Southlake TX
76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Keri Cook

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$70

Contributor address;

City;

State;

Zip Code

111 Wilmington Ct, Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

(7 of 9)

2 FILER NAME

JANNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

5 Full name of contributor

Ann Luce

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$20

6 Contributor address;

City; State; Zip Code

1850 Hunter Creek Dr. Southlake TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/19

Full name of contributor

Lisa Dalton

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1718 Waterlily Dr. Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Paul Madar

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

710 Kent Ct Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

Loka Mistrretta

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$20

Contributor address;

City; State; Zip Code

2701 Montfort Ct Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

(8 of 9)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 Date

3/7/19

5 Full name of contributor

Katrina L. Peebles

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$75

6 Contributor address;

1604 Devon Court Southlake TX 76092

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/19

Full name of contributor

Lisa Silverman

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address;

1215 Kings Brook Drive Southlake TX 76092

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/19

Full name of contributor

Holly Walsh

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$200

Contributor address;

1002 Hanover Dr. Southlake TX 76092

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/19

Full name of contributor

Evan & Katy Scott

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$200

Contributor address;

422 Copperfield St. Southlake TX 76092

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: (9 of 9)

2 FILER NAME
INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 Date
3/20/19

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Amie Dumbleton

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2804 Linden Lane Southlake TX 76092

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/22/19

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Anita Robeson

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2933 Veranda Lane Southlake TX 76092

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/22/19

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Amy Hinkel

Amount of contribution (\$)

Contributor address; City; State; Zip Code
304 Sheffield Dr. Southlake TX 76092

\$75

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/25/19

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Cristina Sierra

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1005 Hampton Manor Way Southlake TX 76092

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

3 (1 of 3)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 3,978.00

5 Date

2/5/19

6 Full name of contributor ☐ out-of-state PAC (ID#:

Full Cycle Creative (Sarah C. Close)

7 Contributor address; City; State; Zip Code

1313 Pecos Dr. Southlake TX 76092

8 Amount of Contribution \$

\$3400.

9 In-kind contribution description

Logo design, graphic design, website creation & hosting

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Graphic Designer / Owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Full Cycle Creative

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

2/5/19

Full name of contributor ☐ out-of-state PAC (ID#:

Gab Lab, LLC (Michelle Wilson)

Contributor address; City; State; Zip Code

550 Reserve St. #150, Southlake TX 76092

Amount of Contribution \$

\$300

In-kind contribution description

text messaging service

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

14

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

(2 of 3)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/18/19

6 Full name of contributor

Zoe Courtney

☐ out-of-state PAC (ID#:

8 Amount of Contribution \$

\$125

9 In-kind contribution description

Food & beverages for meet & greet

7 Contributor address; City; State; Zip Code

1256 Main St., Ste 244 Southlake TX 76092

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

3/21/19

Full name of contributor

Shauna Newman

☐ out-of-state PAC (ID#:

Amount of Contribution \$

\$78

In-kind contribution description

Food & beverages for meet & greet

Contributor address; City; State; Zip Code

801 Timbercrest Ct Southlake TX 76092

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

15

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

(3 of 3)

2 FILER NAME

INNA DIETRICH

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/22/19

6 Full name of contributor

Lisa Silverman

☐ out-of-state PAC (ID#:

8 Amount of Contribution \$

\$75

9 In-kind contribution description

Food & beverages for meet & greet

7 Contributor address; City; State; Zip Code

1215 Kings Brook Drive, Southlake TX 76092

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

3/25/19

Full name of contributor

Noor Mithwani

☐ out-of-state PAC (ID#:

Amount of Contribution \$

unknown

In-kind contribution description

Food & beverages for meet & greet

Contributor address; City; State; Zip Code

1220 Sarah Park Tr. Southlake TX 76092

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center;">1</div>
2 FILER NAME <div style="font-size: 1.2em;">INNA DIETRICH</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2,800.
5 Date of loan 2/5/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) INNA DIETRICH	9 Loan Amount (\$) \$2,800.
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 601 Vicksburg Ct Southlake TX 76092	10 Interest rate 0
		11 Maturity date none
12 Principal occupation / Job title (See Instructions) Physical Therapist		13 Employer (See Instructions) Aspen Home Health
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 (1 of 6)	2 FILER NAME INNA DIETRICH	3 Filer ID (Ethics Commission Filers)
4 Date 2/11/19	5 Payee name Cassie (Cassandra) Mistretta	
6 Amount (\$) \$2,665.07	7 Payee address; City; State; Zip Code 2701 Montfort Ct. Southlake TX 76092 (reimbursement for yard signs & large signs from Mycampaignstore.com)	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/19	Payee name Bank of America		
Amount (\$) \$30.57	Payee address; City; State; Zip Code P.O. Box 25118, Tampa FL 33622-5118		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking (cost of checks)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank checks	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/27/19	Payee name Inna Dietrich / American Express		
Amount (\$) \$63.69	Payee address; City; State; Zip Code 601 Vicksburg Ct Southlake TX 76092		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) credit card payment (see Sch. F4) (2/18/19)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>(2 of 6)</i>		2 FILER NAME <i>INNA DIETRICH</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/27/19</i>		5 Payee name <i>Inna Dietrich / American Express</i>			
6 Amount (\$) <i>\$33.00</i>		7 Payee address; City; State; Zip Code <i>601 Vicksburg Ct Southlake TX 76092</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>credit card payment (see Sch. F4) (2/19/19)</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>payment of credit card bill for credit card expenditures</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2/27/19</i>		Payee name <i>Inna Dietrich / American Express</i>			
Amount (\$) <i>\$198.61</i>		Payee address; City; State; Zip Code <i>601 Vicksburg Ct Southlake TX 76092</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>credit card payment (see Sch. F4) (2/10/19)</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>payment of credit card bill for credit card expenditures</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/4/19</i>		Payee name <i>Cassie (Cassandra) Mistretta</i>			
Amount (\$) <i>\$513.00</i>		Payee address; City; State; Zip Code <i>2701 Montfort Ct. Southlake TX 76092</i> <i>Creim. tshirts from Lewellyn's Print Shop, 4420 Elm St., Dallas, TX 75226</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>tshirts with logo</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>(3 of 6)</i>		2 FILER NAME <i>INNA DIETRICH</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/4/19</i>		5 Payee name <i>Inna Dietrich / American Express</i>			
6 Amount (\$) <i>\$51.69</i>		7 Payee address; City; State; Zip Code <i>601 Vicksburg Ct Southlake TX 76092</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>credit card payment (see Sch. F4) (3/2/19)</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>payment of credit card bill for pens, markers credit card expenditures</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/4/19</i>		Payee name <i>Inna Dietrich / American Express</i>			
Amount (\$) <i>\$65.22</i>		Payee address; City; State; Zip Code <i>601 Vicksburg Ct. Southlake TX 76092</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>credit card payment (see Sch. F4) (2/11/19)</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>payment of credit card bill for pens, markers credit card expenditures</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/4/19</i>		Payee name <i>Inna Dietrich / American Express</i>			
Amount (\$) <i>\$1,483.85</i>		Payee address; City; State; Zip Code <i>601 Vicksburg Ct. Southlake TX 76092</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>credit card payment (see Sch. F4) (3/3/19)</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>payment of credit card bill for credit card expenditures</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>(4 of 6)</i>	2 FILER NAME <i>INNA DIETRICH</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/19</i>	5 Payee name <i>Katherine Bennett</i>	
6 Amount (\$) <i>\$75.00</i>	7 Payee address; City; State; Zip Code <i>724 Longford Dr. Southlake TX 76092</i> <i>(reimbursement for Facebook ads, 1601 S. California Ave, Palo Alto CA 94304)</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Facebook ads</i>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/5/19</i>	Payee name <i>Inna Dietrich / VISA</i>		
Amount (\$) <i>\$55.00</i>	Payee address; City; State; Zip Code <i>601 Vicksburg Ct. Southlake TX 76092</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>credit card payment (see Sch. F4) (3/5/19)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>payment of credit card bill for credit card expenditures</i>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/14/19</i>	Payee name <i>Inna Dietrich / American Express</i>		
Amount (\$) <i>\$84.33</i>	Payee address; City; State; Zip Code <i>601 Vicksburg Ct. Southlake TX 76092</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>credit card payment (see Sch. F4) (3/8/19)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>payment of credit card bill for credit card expenditures</i>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="font-size: 1.2em;">(5 of 6)</div>		2 FILER NAME <div style="font-size: 1.2em;">INNA DIETRICH</div>		3 Filer ID (Ethics Commission Filers)				
4 Date <div style="font-size: 1.2em;">3/21/19</div>		5 Payee name <div style="font-size: 1.2em;">Cassie (Cassandra) Mistrretta</div>						
6 Amount (\$) <div style="font-size: 1.2em;">\$290.13</div>		7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2701 Montfort Ct., Southlake, TX 76092 (reimbursement for doorhangers from GotPrint.com)</div>						
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>		(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <div style="font-size: 1.2em;">Printing - doorhangers</div>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH								
<table border="0" style="width:100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

Date <div style="font-size: 1.2em;">3/21/19</div>		Payee name <div style="font-size: 1.2em;">Cassie (Cassandra) Mistrretta</div>							
Amount (\$) <div style="font-size: 1.2em;">\$162.97</div>		Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2701 Montfort Ct., Southlake, TX 76092 (reimbursement for Staples printing)</div>							
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>		Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Printing Expense</div>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <div style="font-size: 1.2em;">printing handouts</div>					
<table border="0" style="width:100%;"> <tr> <td style="width: 33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>						Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						

Date <div style="font-size: 1.2em;">3/22/19</div>		Payee name <div style="font-size: 1.2em;">Katherine Bennett</div>							
Amount (\$) <div style="font-size: 1.2em;">\$300.00</div>		Payee address; City; State; Zip Code <div style="font-size: 1.2em;">724 Longford Dr. Southlake, TX 76092 (reimbursement for Facebook ads, 1601 S. California Ave. Palo Alto, CA 94304)</div>							
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>		Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <div style="font-size: 1.2em;">Facebook advertising</div>					
<table border="0" style="width:100%;"> <tr> <td style="width: 33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>						Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>(6 of 6)</i>		2 FILER NAME <i>INNA DIETRICH</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/2/19-3/25/19</i>		5 Payee name <i>Square</i>			
6 Amount (\$) <i>\$159.23</i>		7 Payee address; City; State; Zip Code <i>1455 Market St. Ste 600 San Francisco, CA 94103</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Credit card fees</i>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
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Date	Payee name				
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Amount (\$)	Payee address; City; State; Zip Code				
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
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Date	Payee name				
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Amount (\$)	Payee address; City; State; Zip Code				
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 6 (1 of 6)		2 FILER NAME INNA DIETRICH		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 2,165.82	
5 Date 2/6/19		6 Payee name Square.			
7 Amount (\$) \$84.44		8 Payee address; City; State; Zip Code 1455 Market St., Ste. 600 San Francisco, CA 94103			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising expense (purchase of reader & dock) → (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 2/6/19		Payee name TotForm, Inc.			
Amount (\$) \$39.00		Payee address; City; State; Zip Code 111 Pine St. #1815, San Francisco, CA 94111			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising expense (Software to collect donor info) → Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
- Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
- Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: (2 of 6)		2 FILER NAME INNA DIETRICH		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 2/6/19		6 Payee name Name\$10.com			
7 Amount (\$) \$6.99		8 Payee address; City; State; Zip Code 1300 E. Missouri Ave., Ste A-110, Phoenix AZ 85014			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense (domain name)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain name	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 3/8/19		Payee name Staples			
Amount (\$) \$84.33		Payee address; City; State; Zip Code 200 N. Kimball Ave. Ste 221, Southlake TX 76092			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense copies of handouts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: (3 of 6)	2 FILER NAME INNA DIETRICH	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 2/11/19	6 Payee name Tag Wizard
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7 Amount (\$) \$65.22	8 Payee address; City; State; Zip Code https://www.name-tag-wizard.com
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (name tags)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: (4 of 6)		2 FILER NAME INNA DIETRICH		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 2/18/19		6 Payee name Vistaprint Netherlands BV			
7 Amount (\$) \$63.69		8 Payee address; City; State; Zip Code Hudsonweg 8, Venio, The Netherlands 5928LW			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense (business cards)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards	
11 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 2/19/19		Payee name Vistaprint Netherlands BV			
Amount (\$) \$33.00		Payee address; City; State; Zip Code Hudsonweg 8, Venio, The Netherlands 5928LW			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense (return address labels)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense return address labels	
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: (5 of 6)		2 FILER NAME INNA DIETRICH		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 2/10/19		6 Payee name Vistaprint Netherlands BV			
7 Amount (\$) \$198.61		8 Payee address; City; State; Zip Code Hudsonweg 8, Venlo, The Netherlands 5928 LW			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense (postcards, labels, thank you cards) →			
11 Complete ONLY if direct expenditure to benefit C/OH		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Date 3/12/19		Payee name Target			
Amount (\$) \$51.69		Payee address; City; State; Zip Code Hurst, TX			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense (pens, markers, labels, post-its) →			
Complete ONLY if direct expenditure to benefit C/OH		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Candidate / Officeholder name		Office sought		Office held	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: (6 of 6) 2 FILER NAME INNA DIETRICH 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date 3/3/19

6 Payee name Cambria Southlake DFW North

7 Amount (\$) \$1483.85

8 Payee address; City; State; Zip Code 2104 E. State Hwy 114 Southlake TX 76092

9 TYPE OF EXPENDITURE



Political



Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Event Expense &
Food/Beverage Expense

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Kick-off event & food & beverages

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date 3/15/19

Payee name United States Postal Service

Amount (\$) \$55.00

Payee address; City; State; Zip Code 300 State St. Southlake, TX 76092

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense
(postage) →

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

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